



Coeur d' Alene Tribe  
Department of Education  
1115 B Street/P.O. Box 408, Plummer, ID 83851  
(208) 686-1800 or 1 (800) 829-2202  
**Fax (208) 686-5804**

Dear Applicant,

Please provide the following documents to the Coeur d'Alene Tribe Department of Education no later than April 25<sup>th</sup> if you are attending Fall or Winter terms and September 25<sup>th</sup> if you intend to begin in the Spring term. You **MUST** reapply annually if you are continuing.

1. \_\_\_\_\_ Application/Right to Privacy **Form # 1**
2. \_\_\_\_\_ CDA Tribal Financial Aid **FORM #2** (send to college)
3. \_\_\_\_\_ Student Responsibilities Intake **FORM #3**
4. \_\_\_\_\_ Transcript/Attendance Release **FORM #4**
5. \_\_\_\_\_ Student Loan Policy **FORM #5**
6. \_\_\_\_\_ **Proof of SCHOLARSHIPS and GRANTS** you have applied for including  
(minimum of 3 including FAFSA)
7. \_\_\_\_\_ **CURRENT E-MAIL ADDRESS**
8. \_\_\_\_\_ **CLASS SCHEDULE**
9. \_\_\_\_\_ **ADVISOR INFORMATION** (name, email, telephone and fax#)
10. \_\_\_\_\_ **DEGREE PLAN** (signed off by Advisor)
11. \_\_\_\_\_ **EDUCATIONAL PLAN** (road map showing current credits)
12. \_\_\_\_\_ Copy of all **PREVIOUS COLLEGE TRANSCRIPTS and**  
**COMPASS SCORES**
13. \_\_\_\_\_ Copy of your **TRIBAL ID OR CERTIFICATE OF INDIAN BLOOD**
14. \_\_\_\_\_ College **ACCEPTANCE LETTER**
15. \_\_\_\_\_ Personal Letter Stating **EDUCATIONAL GOALS**
16. \_\_\_\_\_ **DEGREE AUDIT (official)** (at end of Junior year)

**\*\*ONLY INSTATE TUITION RATES ARE ALLOWABLE\*\***

**Continuing Students** if you intend to return next term/year, **YOU MUST** meet the deadline in the dates listed above. It will be necessary for you to provide items 1 through 12 as listed above if everything is remaining the same, however if you are changing your major then **a Personal Letter Stating your Educational Goals and a New Degree Plan** as well. If you are **transferring to a different college**, complete the full packet items 1-15.

**ALL STUDENTS** are required to apply for federal funding utilizing the "Free Application for Federal Student Aid" (FAFSA), this form will determine your eligibility for a Pell Grant Award. Applying for FAFSA plus two other grants or scholarships is the **minimum requirement**.

Please be sure to read all forms thoroughly before signing. All rules and regulations will be enforced as agreed to by your signature. Return your completed application and supporting documentation to the above address.

Sincerely,  
Norma Peone/Stacey L. Parr, HED Managers  
Eva Windin-Jansen, NACTEP Manager



Coeur d'Alene Tribe, Department of Education  
Application Right to Privacy Form

FORM #1

School Year: \_\_\_\_\_

Tribal ID#: \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Name \_\_\_\_\_ 2. Email: \_\_\_\_\_  
Last First M.I.
3. Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_
4. College Address: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Phone : (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ 6. Birth date: \_\_\_\_\_  
Home Cell Work
7. Are you currently in High School? Y/N 8. High School Graduation Date: \_\_\_\_\_
9. Did you earn your GED? Y/N 10. GED Completion Date: \_\_\_\_\_
11. Institution Attending: \_\_\_\_\_
12. Address of Institution: \_\_\_\_\_ Zip: \_\_\_\_\_
13. Major: \_\_\_\_\_ 14. Minor: \_\_\_\_\_
15. School System: \_\_\_\_\_ Quarter \_\_\_\_\_ Semester 16. On or off campus housing: \_\_\_\_\_
17. Student Status: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate 18. \_\_\_\_\_ New \_\_\_\_\_ Continuing
19. Military Veteran: \_\_\_\_\_ YES \_\_\_\_\_ NO
20. Select ONE Program: NACTEP OR AVT: \_\_\_\_\_ Certificate/Diploma: (AAS) -OR-  
HED Degree: \_\_\_\_\_ AA \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate
21. Have you received HED/ AVT/NACTEP funding in the past? \_\_\_\_\_ if so, when? \_\_\_\_\_
22. **ONLY in state only rates are allowable.**

Under the Federal Privacy Act of 1974 Federal Agencies cannot release information about you to anybody without your authorization.

1. The authorization for solicitation of the information on this form is 25 U.S.C., 13 (42 stat 208) and P.O. 84-959 (70 stat 986) as amended by P.L. 88-230 (77 stat 471.25 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefits.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is to evaluate your request and to assist you before and during your education/training. After completion, parts or all of the information may be provided to employers for employment consideration
5. Failure to provide requested information may result in a delay or denial in receiving financial assistance.

I have read the above statements and I hereby provide the required information and authorize the use of such information as specified. I understand that any false information May cause my application to be disqualified. I also understand that if I unofficially withdraw without notification, I will be terminated from the program and may be required to refund the assistance provided. I authorize the education institution to release my grades, to an official of the Department of Education, upon request.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Coeur d'Alene Tribe**  
**Department of Education**  
P.O. Box 408 – 1115 B  
Street Plummer, ID 83851  
(208) 686-5114 or 686-5152  
(208) 686-1800  
**FAX (208) 686-5804**

**FORM # 2**

**FINANCIAL AID FORM**

**SECTION 1: Student completes: Student is responsible for submitting this form to the Financial Aid Office.**

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student College ID #: \_\_\_\_\_ Date Classes: Begin \_\_\_\_\_ End \_\_\_\_\_

Institution Name: \_\_\_\_\_

I will attend the following terms: Fall 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ \*\*\*Summer 20 \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Summer funding is authorized on a limited basis only.

**SECTION 11: Financial Aid Office Completes:** Return directly to the Department of Education at the above address.

Student has not yet applied for financial aid and cannot be considered ☐ Complete ACTUAL Budget ☐

Student's application is late and may be considered later ☐

FAO will send when completed ☐

This budget is for: Fall 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

**STUDENT BUDGET:**

Tuition and Fees..... \$ \_\_\_\_\_  
Books and Supplies..... \$ \_\_\_\_\_  
Room and Board..... \$ \_\_\_\_\_  
Transportation..... \$ \_\_\_\_\_  
Personal Expenses..... \$ \_\_\_\_\_  
Dorm Costs..... \$ \_\_\_\_\_  
Meal Plan..... \$ \_\_\_\_\_  
Other (List)..... \$ \_\_\_\_\_  
Total Expenses \$ \_\_\_\_\_

**STUDENT RESOURCES:**

Student Contribution..... \$ \_\_\_\_\_  
Parent Contribution..... \$ \_\_\_\_\_  
Social Security..... \$ \_\_\_\_\_  
Veteran's Benefits..... \$ \_\_\_\_\_  
ADC/PA..... \$ \_\_\_\_\_  
Other..... \$ \_\_\_\_\_  
Other..... \$ \_\_\_\_\_  
..... \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Projected Distribution of Institutional Award:**

Type (List)	Fall	Winter	Spring	Summer	Total
Pell Grant					
Total					

\_\_\_\_\_  
Authorizing Official's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

**COEUR d'ALENE TRIBE DEPARTMENT OF EDUCATION  
STUDENT RESPONSIBILITIES INTAKE FORM**

I understand the following to be my responsibility as an applicant for Higher Education Financial Assistance from the Coeur d'Alene Tribe DOE, I agree to:

1. Apply to the Coeur d'Alene Tribe (CDA Tribe) Department of Education (DOE) for funding on or before the specified deadline
2. Submit mid-term and final grades each quarter/semester to the DOE
3. Submit my COLLEGE DEGREE PLAN and EDUCATIONAL PLAN as developed with my advisor
4. Submit my class schedule prior to the beginning of each quarter/semester
5. Pay ROOM & BOARD, TRANSPORTATION, and other EDUCATIONAL EXPENSES with the funds received from the CDA Tribe DOE
6. NOTIFY DOE IMMEDIATELY IF I WANT MY DORM AND MEAL PLANS PAID DIRECTLY BY TRIBE
7. Notify the DOE of ANY CHANGES in financial aid IMMEDIATELY
8. Notify the DOE within FIVE (5) days, in writing, if I withdraw from a class or program
9. Notify the DOE IMMEDIATELY if I am in jeopardy of failing class(s) for any reason
10. Seek pre-approval from the CDA Tribe DOE if I am transferring colleges, or changing my degree or program. I must do this in order to secure continued funding.
11. Maintain a cumulative GPA (grade point average) in accordance with the requirements of my respective college to remain in "GOOD STANDING", 2.0 or above (if I drop below the 2.0 GPA I will be placed on probation, if it happens a second consecutive quarter/semester I will be automatically suspended)
12. Maintain 12 credits or more as a full time student (15 credits for upper classman, if I drop below the minimum I will be reclassified as a part-time student and only eligible for books, tuition and transportation) If I do drop below the 12 credits I may also be placed on probation for the loss of tuition and books already paid on my behalf
13. Accept tuition, books and transportation only if I am a part time student (11 credits and below)
- 14.. Complete my degree or certificate within the allowable time frame:
  - a. Baccalaureate Degree – 10 semesters or 15 quarters (maximum)
15. Keep my MAILING ADDRESS CURRENT by providing updates to the Coeur d'Alene Tribal Enrollment Office
16. Return any funds I am not eligible for to the CDA Tribe DOE once that determination is made
17. The fact that the CDA Tribe DOE can only support my tuition costs at the IN STATE RATE (if I chose to attend an out of state college or private I am responsible for all additional costs)

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Student Signature

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Date

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Student Print Name

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Address



COLLEGE TRANSCRIPT & ATTENDANCE RELEASE

FORM #4

TO:

NAME OF COLLEGE/UNIVERSITY

P.O. BOX OR STREET

CITY

STATE

ZIP

AREA CODE

PHONE

SUBJECT: TRANSCRIPT AND ATTENDANCE REPORTS

I attended your school from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

You are hereby authorized to provide the above reports to the Coeur d'Alene  
Tribe Department of Education at the following address:

Coeur d'Alene Tribe Department of  
Education P.O. Box 408  
Plummer, ID 83851

They are assisting me in furthering my education or training and they are required by law to obtain these reports as a part of their financial aid files (Tribe/Bureau). Your cooperation in this matter will be appreciated.

STUDENT SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

STUDENT LOAN POLICY

Dear Student:

It is very important that you make it clear to the Financial Aid Officer, at the school where you plan to attend, that you have been advised NOT TO ACCEPT any loan (NDSL, GSL, Perkins, etc.) money in order to go to school.

Also, please be advised, if you accept any money other than scholarship and/or grant money, the Coeur d'Alene Tribe and/or the Bureau of Indian Affairs WILL ASSUME NO RESPONSIBILITY FOR REPAYMENT OF YOUR DEBT.

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I have read and understand the terms stated above. If I agree to accept a student loan, I WILL NOT hold anyone (Tribe/Bureau) responsible for the repayment of such a loan except myself.

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Signature

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Date



# General Studies - Core Requirements Associate of Arts Degree

## English Composition Requirement (6 credits)

- ☐ Engl 101 ☐ Engl 102

## Communication Requirement (3 credits)

- ☐ Comm 101

## Critical Thinking Requirement (3 credits)

- ☐ Phil 201

## Computer Science Requirement (2-3 credits)

- |                                   |                                   |                                 |
|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Busa 100 | <input type="checkbox"/> Busa 240 | <input type="checkbox"/> CS 100 |
| <input type="checkbox"/> CS 125   | <input type="checkbox"/> CS 150   | <input type="checkbox"/> CS 211 |
| <input type="checkbox"/> CS 212   | <input type="checkbox"/> CS 213   | <input type="checkbox"/> CS 228 |

## Mathematics Requirement (3-4 credits)

Complete one of the following

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Busa 271 | <input type="checkbox"/> Math 123 | <input type="checkbox"/> Math 130 |
| <input type="checkbox"/> Math 143 | <input type="checkbox"/> Math 144 | <input type="checkbox"/> Math 147 |
| <input type="checkbox"/> Math 160 | <input type="checkbox"/> Math 170 | <input type="checkbox"/> Math 175 |
| <input type="checkbox"/> Math 187 | <input type="checkbox"/> Math 253 | <input type="checkbox"/> Math 275 |

## Laboratory Science Requirement (8-10 credits)

- |  |  |
|--|--|
| <input type="checkbox"/> Biol 100/100L** | <input type="checkbox"/> Biol 115/115L** |
| <input type="checkbox"/> Biol 175/175L** | <input type="checkbox"/> Biol 202/202L   |
| <input type="checkbox"/> Biol 203/203L   | <input type="checkbox"/> Biol 205/205L   |
| <input type="checkbox"/> Biol 221/221L   | <input type="checkbox"/> Biol 227/227L   |
| <input type="checkbox"/> Biol 228/228L   | <input type="checkbox"/> Biol 231/231L   |
| <input type="checkbox"/> Biol 241/241L   | <input type="checkbox"/> Biol 250/250L   |
| <input type="checkbox"/> Chem 100/100L*  | <input type="checkbox"/> Chem 101/101L*  |
| <input type="checkbox"/> Chem 102/102L   | <input type="checkbox"/> Chem 111/111L   |
| <input type="checkbox"/> Chem 112/112L   | <input type="checkbox"/> Ensi 119/119L   |
| <input type="checkbox"/> Geog 100/100L   | <input type="checkbox"/> Geol 101/101L   |
| <input type="checkbox"/> Geol 102/102L   | <input type="checkbox"/> Geol 123/123L   |
| <input type="checkbox"/> Phys 101/101L   | <input type="checkbox"/> Phys 103/103L   |
| <input type="checkbox"/> Phys 111/111L   | <input type="checkbox"/> Phys 112/112L   |
| <input type="checkbox"/> Phys 211/211L   | <input type="checkbox"/> Phys 212/212L   |

\*\*BIOL 100, 115, and 175 cannot be used in combination to meet Lab Science requirements

\*Chem 100 and 101 cannot be used in combination to meet the Lab Science requirements.

## Physical Education Activity/Dance (2 credits)

Complete 2 courses from any P.E. activity or dance

- ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

## Social Science Requirement (6 credits)

Complete one course in each group

### Group 1

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Anth 102 | <input type="checkbox"/> Phil 205 | <input type="checkbox"/> Psyc 101 |
| <input type="checkbox"/> Soc 101  |                                   |                                   |

### Group 2

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Econ 201 | <input type="checkbox"/> Econ 202 | <input type="checkbox"/> Pols 101 |
| <input type="checkbox"/> Pols 105 |                                   |                                   |

### Group 3

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hist 101 | <input type="checkbox"/> Hist 102 | <input type="checkbox"/> Hist 111 |
| <input type="checkbox"/> Hist 112 |                                   |                                   |

### Group 4

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Anth 101  | <input type="checkbox"/> Anth 230  | <input type="checkbox"/> Chd 134   |
| <input type="checkbox"/> Hist 131* | <input type="checkbox"/> Hist 141* | <input type="checkbox"/> Hist 181* |
| <input type="checkbox"/> Hist 240* | <input type="checkbox"/> Pols 237  | <input type="checkbox"/> Pols 275  |
| <input type="checkbox"/> Psyc 205  | <input type="checkbox"/> Soc 102   | <input type="checkbox"/> Soc 103*  |
| <input type="checkbox"/> Soc 220   | <input type="checkbox"/> Soc 251*  |                                    |

## Arts and Humanities Requirement (6 credits)

Complete one course in each group

### Group 1

- |                                   |                                    |                                   |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Art 100  | <input type="checkbox"/> Art 101   | <input type="checkbox"/> Art 102  |
| <input type="checkbox"/> Cina 126 | <input type="checkbox"/> Hums 101* | <input type="checkbox"/> Mush 101 |
| <input type="checkbox"/> Mush 140 | <input type="checkbox"/> Thea 101  |                                   |

### Group 2

- |                                   |                                   |                                    |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Engl 175 | <input type="checkbox"/> Engl 257 | <input type="checkbox"/> Engl 258  |
| <input type="checkbox"/> Engl 267 | <input type="checkbox"/> Engl 268 | <input type="checkbox"/> Engl 271  |
| <input type="checkbox"/> Engl 277 | <input type="checkbox"/> Engl 278 | <input type="checkbox"/> Hums 101* |
| <input type="checkbox"/> Phil 101 | <input type="checkbox"/> Phil 103 |                                    |

## Cultural Diversity Requirement (3-4 credits)

Complete one of the following

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Aist 101  | <input type="checkbox"/> Anth 225  | <input type="checkbox"/> ASL 201   |
| <input type="checkbox"/> ASL 202   | <input type="checkbox"/> CDA 201   | <input type="checkbox"/> Comm 220  |
| <input type="checkbox"/> Engl 285  | <input type="checkbox"/> Engl 295  | <input type="checkbox"/> Flan 207  |
| <input type="checkbox"/> Fren 201  | <input type="checkbox"/> Fren 202  | <input type="checkbox"/> Germ 201  |
| <input type="checkbox"/> Germ 202  | <input type="checkbox"/> Hist 131* | <input type="checkbox"/> Hist 141* |
| <input type="checkbox"/> Hist 181* | <input type="checkbox"/> Hist 240* | <input type="checkbox"/> Intr 200  |
| <input type="checkbox"/> Mush 127  | <input type="checkbox"/> Mush 163  | <input type="checkbox"/> Phil 111  |
| <input type="checkbox"/> Soc 103*  | <input type="checkbox"/> Soc 251*  | <input type="checkbox"/> Span 201  |
| <input type="checkbox"/> Span 202  |                                    |                                    |

## Non-core Elective Requirement

Complete 13-16 credits

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Student Education Plan

Name: \_\_\_\_\_

1st Quarter Fall \_\_\_ Win \_\_\_ Spr \_\_\_ Sum \_\_\_ Year \_\_\_

Course	Cr	Grade	W
Total			

Notes:

2nd Quarter Fall \_\_\_ Win \_\_\_ Spr \_\_\_ Sum \_\_\_ Year \_\_\_

Course	Cr	Grade	W
Total			

Notes:

3rd Quarter Fall \_\_\_ Win \_\_\_ Spr \_\_\_ Sum \_\_\_ Year \_\_\_

Course	Cr	Grade	W
Total			

Notes:

Cr = Credits

W = Withdrawn

4th Quarter Fall \_\_\_ Win \_\_\_ Spr \_\_\_ Sum \_\_\_ Year \_\_\_

Course	Cr	Grade	W
Total			

Notes:

5th Quarter Fall \_\_\_ Win \_\_\_ Spr \_\_\_ Sum \_\_\_ Year \_\_\_

Course	Cr	Grade	W
Total			

Notes:

6th Quarter Fall \_\_\_ Win \_\_\_ Spr \_\_\_ Sum \_\_\_ Year \_\_\_

Course	Cr	Grade	W
Total			

Notes:



# CDA TRIBAL STUDENTS HEALTH CARE ISSUES

- THE CDA TRIBE DOE WILL NOT BE ABLE TO COVER YOUR HEALTH CARE NEEDS WHILE YOU ARE AWAY AT COLLEGE (OUR LIMITED FUNDS PROHIBIT IT)
- IF YOU ARE NEAR A TRIBAL OR INDIAN HEALTH CARE CLINIC BE SURE TO REGISTER WITH THEM BEFORE YOU HAVE HEALTH CARE ISSUES, THEN IF YOU BECOME ILL OR NEED TO SEE THE DOCTOR, IT WILL BE AS SIMPLE AS MAKING AN APPOINTMENT
- CHECK WITH YOUR COLLEGE IMMEDIATELY TO SEE IF YOU ARE AUTOMATICALLY ENROLLED IN THE HEALTH CARE INSURANCE.
- IF YOU CHOOSE TO DROP THE INSURANCE BE SURE TO MEET THEIR DEADLINE AS WE AT DOE CANNOT DO THAT FOR YOU. IF YOU MISS THEIR DEADLINE TO DROP OUT YOU WILL BE RESPONSIBLE TO COVER THE COST